

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS							*					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9	2						59					
10	1						60					
11	1						61					
12	1						62					
13	1						63					
14	3						64					
15	3						65					
16	2						66					
17	1						67					
18	2						68					
19	1						69					
20	1						70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30	3						80					
31							81					
32							82					
33							83					
34							84					
35	2						85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42	12	12					92					
43	12	12	14				93					
44	12	12	16				94					
45	12	12	16				95					
46							96					
47	1						97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.	2				
TOTAL DEP.							TOTAL DEP.	109				
TOTAL CLAIMS							TOTAL CLAIMS	111				